

UNITED STATES DISTRICT COURT

for the

Camden District of New Jersey

Division

Lisa M. Carlson
and
Robert L. Carlson, Jr

Case No. _____

*(to be filled in by the Clerk's Office)**Plaintiff(s)*

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

AtlantiCare Regional Medical Center
and
Lori Herndon, President

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

COMPLAINT AND REQUEST FOR INJUNCTION

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Lisa M. & Robert L. Carlson, Jr.
Street Address	197 Cape May Avenue
City and County	Estell Manor
State and Zip Code	New Jersey 08319
Telephone Number	(609) 476-2296
E-mail Address	bobc197@icloud.com

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title *(if known)*. Attach additional pages if needed.

Defendant No. 1

Name Lori HerndonJob or Title *(if known)* PresidentStreet Address 65 W Jimmie Leeds RoadCity and County PomonaState and Zip Code New Jersey 08240Telephone Number (609) 652-1000E-mail Address *(if known)* _____

Defendant No. 2

Name AtlantiCare Regional Medical CenterJob or Title *(if known)* _____Street Address 65 W Jimmie Leeds RoadCity and County PomonaState and Zip Code New Jersey 08240Telephone Number (609) 652-1000E-mail Address *(if known)* _____

Defendant No. 3

Name _____

Job or Title *(if known)* _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address *(if known)* _____

Defendant No. 4

Name _____

Job or Title *(if known)* _____

Street Address _____

City and County _____

State and Zip Code _____

Telephone Number _____

E-mail Address *(if known)* _____

II. Basis for Jurisdiction

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal question

☐ Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

A. If the Basis for Jurisdiction Is a Federal Question

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

42 CFR 482.13(H) Standard: Patient Visitation Rights

B. If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, *(name)* _____, is a citizen of the State of *(name)* _____.

b. If the plaintiff is a corporation

The plaintiff, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.

(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)

2. The Defendant(s)

a. If the defendant is an individual

The defendant, *(name)* _____, is a citizen of the State of *(name)* _____. Or is a citizen of *(foreign nation)* _____.

b. If the defendant is a corporation

The defendant, *(name)* _____, is incorporated under the laws of the State of *(name)* _____, and has its principal place of business in the State of *(name)* _____.
 Or is incorporated under the laws of *(foreign nation)* _____, and has its principal place of business in *(name)* _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because *(explain)*:

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the injunction or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

AtlantiCare Regional Medical Center Mainland Campus
 65W Jimmie Leeds Road
 Pomona, New Jersey 08240

B. What date and approximate time did the events giving rise to your claim(s) occur?

February 8th, 2021 at approximately 2000 hours

- C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

My wife Lisa M. Carlson is currently a patient at AtlantCare Regional Medical Center in Pomona, New Jersey and her visitation rights as mandated by law, pursuant to the Code of Federal Regulations 42 CFR 482.13(H) are being violated.

IV. Irreparable Injury

Explain why monetary damages at a later time would not adequately compensate you for the injuries you sustained, are sustaining, or will sustain as a result of the events described above, or why such compensation could not be measured.

Lisa M. Carlson who is currently at AtlantiCare Regional Medical Center's ICU suffering from complications of COVID-19 and may pass without having the opportunity to visit with her family as mandated by law, pursuant to the Code of Federal Regulations.

V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Grant a motion for a temporary injunction to allow visitation as mandated under 42 CFR 482.13(H).

VI. Certification and Closing

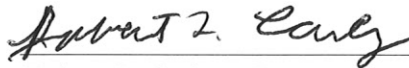
Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2/17/21

Signature of Plaintiff



Printed Name of Plaintiff

Robert L. Carlson, Jr.

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

UNITED STATES DISTRICT COURT

for the

District of New Jersey

Lisa M. Carlson)	Case No. _____
And)	
Robert L. Carlson, Jr.)	
<u>Plaintiff(s)</u>)	
)	
-V-)	
)	
AtlantiCare Regional Medical Center)	
And)	
Lori Herndon, President)	
<u>Defendant(s)</u>)	

PLAINTIFFS' MOTION FOR PRELIMINARY INJUNCTION

AND NOW, on this _____ day of _____, 2021, upon the Motion for Preliminary Injunction filed by Plaintiffs Lisa M. Carlson and Robert L. Carlson, Jr, Pro Se (together, the "Plaintiffs") against Defendants AtlantiCare Regional Medical Center and Lori Herndon, President (together, the "Defendants"), Plaintiffs Verified Complaint, and Defendants' opposition, if any, and having held a hearing on _____, 2021, the Court finds that Plaintiffs have established that:

1. There is a substantial likelihood that the Plaintiffs will succeed on the merits of their claims against the Defendants;
2. The Plaintiffs will suffer immediate and irreparable harm if the Defendants' unlawful conduct remains unabated;

3. The irreparable injury the Plaintiffs face outweighs the injury that the Defendants will sustain as a result of the immediate injunctive relief; and
4. The public interest will be served by the granting of the immediate injunctive relief.

WHEREFORE, IT IS HERBY ORDERED THAT THE Plaintiffs' Motion for Preliminary Injunction is **GRANTED**, and the Defendants are herby bound by the following terms:

For the duration of this Preliminary Injunction AtlantiCare Regional Medical Center is hereby prohibited from denying Plaintiffs visitation.

IT IS HEREBY FURTHER ORDERED THAT:

1. A hearing is set on the Plaintiffs' Motion for Preliminary Injunction to be held on _____, 2021, at _____ o'clock a.m./p.m. in Courtroom _____ of the United States Court for the District of New Jersey
2. The Plaintiffs shall immediately provide notice of this Order, to the extent they have not already, make service of all papers upon the Defendants.
3. This Preliminary Injunction Order is entered at _____ a.m./p.m. and shall remain in effect unless otherwise modified by an order of this Court.

SO ORDERED

ENTERED this _____ day of _____, 2021

U.S.D.J.